



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
Division of Racing and Athletics
233 Richmond Street, Suite 230
Providence, RI 02903
Telephone No. (401) 222-6541
WWW.DBR.STATE.RI.US

FAX No. (401) 222-6131
TTY No. 711

2006 LICENSE APPLICATION FOR OCCUPATIONAL LICENSEES/EMPLOYEES NON-LINCOLN PARK EMPLOYEES

Instructions and Information

1. Application form of Non-Lincoln Park employees must have employer sign in the appropriate place on the back of this Application.
2. All 2006 licenses will expire on **December 31, 2006**.
3. Fees must be paid by check or money order when Application is submitted.
NO CASH IS ACCEPTED.
Make checks payable to: State of RI – General Treasurer.
4. False or incomplete information on this application may result in denial of this Application.

LICENSE TYPE AND YEARLY FEE

NON-LINCOLN PARK EMPLOYEES: *(Please check one box and fill in Kennel/Employer Name)*

- ☐ **Trainer (\$40)**.....**AND** Associated Kennel _____
- ☐ **Assistant Trainer (\$40)**.....**AND** Associated Kennel _____
- ☐ **Kennel Person (\$10)**.....**AND** Associated Kennel _____
- ☐ **Concessionaire Employee (\$10)**.....**AND** Vendor/Employer _____
- ☐ **Pari-mutuel Totalizator Company Employee (\$10)** **AND**..Employer _____

Last Name:		First Name:		Middle Name:	Maiden/Formal Name:
Current Address:		Street	City	State	Zip Code
Social Security #:		Date of Birth:			
Home Phone No.: ()		Cell Phone No:			
Age:	Height:	Weight:	Eye Color:	Gender: Male:_____ Female:_____	
Are you a U.S. Citizen?	Place of Birth (city,state,country):		Alien Registration Card No. :		

NON-LINCOLN PARK EMPLOYEE LICENSE APPLICATION-PAGE 2

Non-Lincoln Park Employees: Name of entity at Lincoln Park by whom you will be employed: _____

Have you or your spouse ever been suspended or barred from participation in Racing or Gaming by any Racing or Gaming organization, association, authority, commission in the United States or elsewhere? **YES:** _____ **OR NO:** _____ **(CHECK ONE)**

If you answered "**YES**", give details below (attach additional page(s) if necessary): _____

Have you or your spouse ever been arrested for or convicted of any criminal offenses, other than traffic violations? **YES:** _____ **OR NO:** _____ **(CHECK ONE)**

If you answered "Yes", give details below (attach additional page(s) if necessary): _____

Type of Identification Required-Including at least one with a photograph (check two)

Driver License: _____ Passport: _____ Social Security Card: _____ Other (Please specify): _____

Prior Employment History for Past Three Years:

NAME AND ADDRESS OF EMPLOYER	TYPE OF BUSINESS	Dates Employed	
		FROM	TO

List the Names and Addresses of Two Character References:

NAME:	ADDRESS:
1. _____	1. _____
2. _____	2. _____

STATEMENT OF APPLICANT

In accepting a license issued pursuant to R.I. Gen. Laws § 41-4-1 *et seq.*:

I agree to abide by all applicable statutes and regulations.

I understand that I am freely consenting to any warrantless search within the grounds of a permit holder, of the premises which I occupy or control, and my personal property and effects, and to the seizure of any illegal item which said search may produce.

I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true, complete and correct. I understand that if I misstate or omit any fact, I am subject to the penalties provided by law and by the above-mentioned rules and regulations and my application may be denied.

I hereby authorize the Rhode Island Racing and Athletics Division to investigate any and all records concerning my background, including, but not limited to, any criminal convictions. **I FULLY UNDERSTAND THE PRECEDING WAIVER.**

DATE OF APPLICATION: _____ **SIGNED: (Applicant):** _____
(Employer/Supervisor Signature): _____
(Employer/Supervisor-Print Name): _____

FOR OFFICIAL USE ONLY:

Total Fee: _____

Check/Money Order # _____

Approved Racing & Athletics Division (Signature): _____

Approval Date: _____

LICENSE NUMBER: _____

BACKGROUND CHECK RESULT: _____

Fingerprint card: _____ **BCI** _____
Date _____ **Date** _____

Alien Registration Card No: _____ **Expiration Date:** _____

Type of Identification required – Including at least one with a photograph (Check two)

Driver License: _____ **Passport:** _____ **SS Card** _____ **Other** _____